

Report of Ventilatory Study

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation



Note: This report is authorized by law (30 USC, 901 et. seq.) and required to obtain a benefit. The results of this interpretation will aid in determining the miner's eligibility for black lung benefits. Disclosure of a Social Security Number is voluntary. The failure to disclose such number will not result in the denial of any right, benefit, or privilege to which the claimant may be entitled. This method of collecting information complies with the Freedom of Information Act, the Privacy Act of 1974, and OMB Circular No. 108.

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Instructions: Please submit three tracings for each test performed, and record the highest values of the three below. The study must include results of the FEV₁ and either the FVC or MVV (MBC), or both. If the MVV (MBC) is reported, the results of the test shall be obtained independently, rather than calculated from the FEV₁ (Note: Two MVV (MBC) tracings are sufficient if the results are within 5% of each other). Each tracing must be identified with patient's name and Social Security Number/DOL Claim Number. If a bronchodilator is administered, values obtained both before and after administration of the bronchodilator must be entered and the significance of the results obtained explained in item 10. Complete instructions and standards for administration of these tests may be found in 20 CFR Part 718, Subpart B, 718.103, and Appendix B, and are summarized on Form CM-954a.

1. Name of Miner (First, middle, last)		2. Social Security Number or DOL Claim Number:	3. Date and Time of Test MM DD YY a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
4. Age:	5. Sex:	8. Circle as appropriate (If "poor", explain in No. 10, "Additional Comments")		
		Miner's Cooperation: Good Fair Poor		
6. Height(inches)::	7. Weight:	Miner's ability to understand instructions and follow directions: Good Fair Poor		

9. (a) Type of Test	(b) Observed Values BEFORE Bronchodilator (Corrected to BTPS)	Observed Values AFTER Bronchodilator, if Given (Corrected to BTPS)	(c) Predicted Normal Values
FEV ₁ (In liters/second)			
MVV (In liters/minute)			
FVC (In liters)			

10. Additional Comments: (For example - not any dyspnea; use of bronchodilators; reason for failure to complete a test, etc.)

11. (a) Type of machine used (Trade name) (b) Rate of paper flow (c) Temperature of Equipment

12. Facility where test performed 13. Print or type name of technician administering test

I certify that these ventilatory studies were conducted and reported in compliance with specifications and instructions provided by the Department of Labor. I also certify that the information furnished is correct and am aware that my signature attests to the accuracy of the results reported. I am aware that any person who willfully makes any false or misleading statement or representation in support of an application for benefits shall be guilty under Title 30 USC 941 of a misdemeanor and subject to a fine of up to \$1,000., or to imprisonment for up to one year, or both.

Print or Type Name of Physician

Physician's Signature

Date

Public Burden Statement

We estimate that it will take an average of 20 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect to this collection of information, including suggestions for reducing this burden, send them to the Division of Coal Mine Workers' Compensation, U.S. Department of Labor, Room C-3526, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**

NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.